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Bet
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Withdrawal
As Attorney
or
Agent

PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT

| | |
|------------------------|---------------|
| Application Number | 10/017,287 |
| Filing Date | 12/12/2001 |
| First Named Inventor | Michael Black |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | RLT-III |

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Professional Ethics and Conflict of Interest.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number

OR

Place Customer Number
Bar Code Label here

| | | | | | |
|---|----------------------------|-------|----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Maynard A. Howe | | | | |
| Address | Reliant Technologies, Inc. | | | | |
| Address | 205 South Helix, Suite 72 | | | | |
| City | Solana Beach | State | CA | ZIP | 92575 |
| Country | U.S.A. | | | | |
| Telephone | (858) 794-0901 | Fax | (858) 794-6235 | | |

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☐ the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

| | |
|-----------|------------|
| Name | RON JACOBS |
| Signature | |
| Date | 7/13/02 |

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

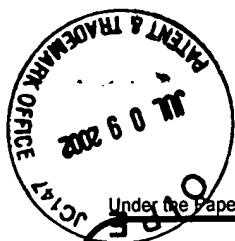
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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|------------------------|---------------|
| Application Number | 10/017,287 |
| Filing Date | 12/12/2001 |
| First Named Inventor | Michael Black |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | RLT-111 |

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

- ☐ Fee Transmittal Form
- ☐ Fee Attached
- ☐ Amendment / Reply
- ☐ After Final
- ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/ Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Assignment Papers (for an Application)
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____

- ☐ After Allowance Communication to Group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please identify below):
Req. for Withdrawal as Attorney or Agent

Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Dr. Ron Jacobs, Reg. No. 50,142

Signature

Date

7/3/02

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 7/3/02

Typed or printed name

Jacqueline Guernsey

Signature

Jacqueline Guernsey

Date

7/3/02

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